

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Ganstra B. Mortman
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 1 11 09:37

DOCUMENT # **L74608** (5)

1. Corporation Name
ATLANTIC DENTAL ARTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **612 N HUDSON ST ORLANDO FL 32808 US**
Mailing Address: **612 N HUDSON ST ORLANDO FL 32808 US**

2. Fiscal Year End: **21** 2b. Mailing Address: **26**
3. Date Incorporated or Qualified: **05/18/1990** 3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-3010097** Applied For: Not Applicable:
5. Certificate of Status Searched: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has/has not been authorized by Chapter 6, Article V of the Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SEARCH, THOMAS (612 N HUDSON ST ORLANDO FL 32808

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.05(2) and 607.12(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
	PD SEARCH, THOMAS (3200 OAKSTAND LANE	ORLANDO	FL	
	D EBNER, STEVE	11907 E COLONIAL DR	ORLANDO	FL	
	D SHERIDAN, JOHN	4020 S. SEMORAN BLVD	ORLANDO	FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information reported with this filing is substantially true and correct and that I am qualified for the registration stated in Section 607.05(5), Florida Statutes. I further certify that the information was obtained from a true and correct copy of the original annual report or financial statement report, as the case may be, and that my signature shall have the same legal effect as if made in person. I certify that I am an officer or director of the corporation or the individual or individual organization to which this report is required by Chapter 6, Article V of the Florida Statutes, and that my name appears on Block 1, or Block 2, of the corporation's certificate of incorporation.

SIGNATURE: *Thomas Search* President 5-1-95 407-298-8130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR